

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -7 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M99164**

**1. Corporation Name**

United Enterprises of Southwest  
Florida, Inc.

**2. Principal Office Address**

4960 SW 72nd Avenue

**3. Mailing Office Address**

4960 SW 72nd Avenue

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 9/14/88

**5. FEI Number**

650075545

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04

**7. Name and Address of Current Registered Agent**

Name

John W. Burcham II

Street Address (P.O. Box Number is Not Acceptable)

4960 SW 72nd Avenue

Suite, Apt. #, Etc.

Suite 205

City

Miami

State

FL

Zip Code

33155

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/31/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PTS    | John W. Burcham                      | 4960 SW 72nd Avenue                               | Miami, FL 33155    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

305-667-8484

Daytime Phone #

CR2E081 (01/04)